PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY O	R Attorney Docket Number	42478-0001			
MAR 0 7 2006 B DESIGN PATE NT APPLICATION	First Named Inventor	MOYES, John et al.			
A PATEINT APPLICATION	COMPLE	TE IF KNOWN			
(37 CFR 1.63)	Application Number	Unknown			
☐ Declaration ☐ Declaration Submitted Submitted after In	Filing Date	herewith			
with Initial OR Filing (surcharge Filing (37 CFR 1.16(e))	Group Art Unit	not assigned			
required)	Examiner Name	not assigned			

As a below named Inventor, I hereby declare that:									
My residence, post office	address, and citize	enship are as stated belo	w next to my na	me.					
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
RECOVERING METALS FROM SULFIDIC MATERIALS									
		(Title of the In	vention)						
the specification of which is attached hereto OR	•								
Application Number ar	nd was amended o	on (MM/DD/YYYY)	(if applicable).						
I hereby state that I have amended by any amendment			of the above id	entified speci	fication, including	the claims, as			
I acknowledge the duty to di	isclose information	which is material to pate	entability as defi	ned in 37 CFR	t 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or _365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Foreign Filing Date Priority Certified Copy Attache Country (MM/DD/YYYY) Not Claimed YES NO								
2002953566	AU	12/31/2003				Ø			
2003902311	AU	05/02/2003				\boxtimes			
2003903167	AU	06/20/2003				\boxtimes			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Numbe	r(s)	Filing Date (MM/DD	(*****)	numb suppl	ional provisional a pers are listed on emental priority d SB/028 attached	a lata sheet			

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available

between the filing date of the prior application and the national or PCT international filing date of this application.										
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
PCT/AU2003/001700						9/2003				
Additional U.S.	or PCT i	nternational appli	cation number	s are listed or	n a supplem	ental prio	ority data shee	t PTO/SB	/028 atta	ached hereto.
As a named invento							is application	and to tra	nsac <u>t a</u>	Il business in the
Patent and Trademark Office connected therewith: Customer Number 25213 Place Customer										
			OR □ Re	egistered prac	ctitioner(s) na	ame/regis	stration numbe	er listed be		Code Label here
N	lame		Regist Num	ration		N:	egistration Number			
										- Truinisti
☐ Additional regis	tered pra	ctitioner(s) name	on suppleme	ntal Register	ed Practition	er Inform	nation sheet P	TO/SB/02	C attach	ned hereto.
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ 25213 ☐ OR ☐ Correspondence address below										
Name	James	A. Fox, Ph.D.								
Address										
Address										
City					State		ZIP			
Country			Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole	or Fir	st Inventor:			A petition h	as been	n filed for thi	s unsign	ed inve	entor
Given Name (first and middle (if any) Family Name or Surname										
John a				Moyes						
Inventor's Signat	ure	gologe			Da				8/	17/05
		l	$/\!\!\!/\!\!\!/$.					
Residence: City		Forrestville	State	New Sout Wales	Coun	try	AU	Citizenship		AU
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Post Office Addre	ess									
				New Sout	th					
City		Forrestville	State	Wales	ZIP		2087	Countr	<u> </u>	AU
Additional inve	entors ar	e being named o	n the <u>1</u> suppl	emental Add	litional Inve	ntor(s) sł	heet(s) PTO/	SB/02A a	ttached	l hereto:

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any)			Family Name or Surname								
Frank						· Hou	ıllis				
Inventor's Signature		South.			Date 8/17/05		17/05				
			New South								
Residence: City	Lakemba	State	Wales		Country AU		Citizenship		AU		
Post Office Address	3 Ernest Street										
Post Office Address											
City	Lakemba	State	New South Wales		ZIP	2195	Country		AU		
Name of Additional		A petition has been filed for this unsigned inventor									
Given Name	(first and middle (if	any)		Family Name or Surname							
Inventor's Signature		,					Date				
City		State	Country				Citizenship				
Post Office Address											
Post Office Address		,	_				,				
City		State		ZIP				Country			
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any)				Family Name or Surname							
Inventor's Signature						Date					
City		State			Country		Citizenship				
Post Office Address											
Post Office Address											
City		State			ZIP	_	Country				

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